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Number of Pages (including this page)

Date: July 21, 2005
To: Mail Stop AMENDMENT
Location: United States Patent and Trademark Office
Fax No.: 703-872-9306 Centralized Facsimile
From: Scott M. Garrett - 39,988
Subject: 09/944,569 - Gustavo D. Leizerovich Confirmation No.: 2495

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MESSAGE: Enclosed herewith, please find: (1) page transmittal;
Applicant faxed a response earlier this day. Upon review, the undersigned attorney found the transmittal sheet had not been signed by attorney. Please find the signed transmittal for the above-captioned application.

PLEASE GIVE THESE PAPERS TO:

EXAMINER:	Aung T. Win
GROUP ART UNIT:	2645
SERIAL NO.:	09/944,569
FILED:	AUGUST 31, 2001
INVENTOR:	Gustavo D. Leizerovich

CERTIFICATE OF TRANSMISSION/MAILING

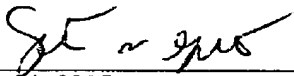
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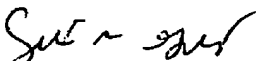
Typed or printed name	Scott M. Garrett
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Signature		Date	July 21, 2005
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number		09/944,569				
	Filing Date		AUGUST 31, 2001				
	First Named Inventor		Gustavo D. Leizerovich				
	Group Art Unit		2645				
	Examiner Name		Aung T. Win				
Total Number of Pages in this Submission		10		Attorney Docket Number		CM03387J	

ENCLOSURES			(check all that apply)
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks X Facsimile Transmittal			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual	Scott M. Garrett	Registration No.	39,988
Signature			
Date	July 21, 2005		

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Typed or printed name	Scott M. Garrett		
Signature			Date July 21, 2005